

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS354AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/08/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SACHELE SENIOR GUEST HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3398 BANCROFT CIRCLE LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, one Category I resident and five Category II residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 072 SS=E	<p>449.196(3) Qualications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with</p>	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 274	Continued From page 2	Y 274			
Y 274 SS=C	<p>449.2175(5) Service of Food - Substitutions</p> <p>NAC 449.2175</p> <p>5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/8/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility did not follow the scheduled menu for 1 of 2 meals observed today. Menus keep on file were not dated appropriately. Four menus were stapled together with the month written on the front. The menu on the fridge was dated July week one, however caregiver prepared lunch from week two. Breakfast was not the same as what was posted for either week.</p> <p>Severity: 1      Scope: 3</p>	Y 274			
Y 878 SS=F	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p>	Y 878			

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Y 883	Continued From page 4  This Regulation is not met as evidenced by: Based on interview and observation on 7/8/09, the facility failed to ensure the doctor was notified for 1 of 4 residents refusing medications (Resident #2). Resident #2 refused to take Neurontin 100 MG PO TID, Senakot 2 tablets per day, and a multivitamin, the physician was not notified.  Severity: 2 Scope: 1	Y 883		
Y 885 SS=E	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This Regulation is not met as evidenced by: Based on observation and interview on 7/8/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred for 2 of 5 residents. (Discharged Resident #4 and #5). Expired medications for Discharged Resident #4 were	Y 885		

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Y 885	Continued From page 5  found unlocked in the caregivers room. The facility failed to destroy prescription medications for Discharged Resident #5 .  This was a repeat deficiency from the 9/10/08 State Licensure survey.  Severity: 2      Scope: 2	Y 885			
Y 920 SS=D	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This Regulation is not met as evidenced by: Based on observation on 7/8/09, the facility failed to keep medications for 1 of 5 residents in a	Y 920			

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Y 920	Continued From page 6  locked area (Resident #5). Unlocked medications for Resident #5 were found in the caregiver's room.  Severity: 2      Scope: 1	Y 920		

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